

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
Q.I.P.E. CLASSIFIER	<i>h</i>		<i>12-2-00</i>
FORMALITY REVIEW		<i>6-6-74</i>	<i>3-2</i>
RESPONSE FORMALITY REVIEW	<i>JAP</i>	<i>1110</i>	<i>2-1-90</i>

# INDEX OF CLAIMS

☒ \_\_\_\_\_ Rejected  
☒ \_\_\_\_\_ Allowed  
☒ \_\_\_\_\_ (Through numeral) \_\_\_\_\_ Canceled  
☒ \_\_\_\_\_ Restricted  
☐ \_\_\_\_\_ Non-elected  
☐ \_\_\_\_\_ Interference  
☐ \_\_\_\_\_ Appeal  
☐ \_\_\_\_\_ Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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10/10/10  
5-1-76-10-2-5